Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REQUEST **FOR** 

## CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: **Mail Stop RCE** 

Submission required under 37 CFR 1.114

a. Previously submitted

**X** Other

b. Enclosed

Miscellaneous

**Commissioner for Patents** P.O. Box 1450, Alexandria, VA 22313-1450

(Any unentered amendment(s) referred to above will be entered).

Return Receipt Postcard

Application Number	09/496,009
Filing Date	February 1, 2000
First Named Inventor	Raymond W. Ellis
Art Unit	2144
Examiner Name	Greg G Bengzon
Attorney Docket Number	34741-970

Information Disclosure Statement (IDS)

April 17, 2006

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a

Other

Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on

Consider the arguments in the Appeal Brief or Reply Brief previously filed on

b. Other	months. (Period of suspension shall not o	exceed 3 months; Fee	e under 37 CFR 1.17(i) require	ed)	
·· —	under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the		any avernayment or t	underneument	
to Deposit A	r is hereby authorized to charge the following the followi	ing rees, credit	any overpayment or t	underpayment	
i. 🗶 RCE fe	e required under 37 CFR 1.17(e)				
<sup>ii.</sup> 🗶 Extensi	on of time fee (37 CFR 1.136 and 1.17)				
iii. 🗌 Other					
b. K Check in the	e amount of \$1,000.00 encl	osed			
c. Payment by	credit card (Form PTO-2038 enclosed)				
WARNING:	Information on this form may become	public. Credit	card information sh	ould not	
be included	d on this form. Provide credit card infor	mation and au	thorization on PTO-	2038.	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
	SIGNATURE OF APPLICANT, ATTO	RNEY, OR AGE	NT REQUIRED		
Name (Print lType)	SIGNATURE OF APPLICANT, ATTOM Scott D. Sanford		on No. (Attorney/Agent)	51,170	
Name (Print lType) Signature					
***************************************		Registration Date	June 16, 2		
Signature  I hereby certify that this co envelope addressed to: Ma	Scott D. Sanford	Registration Date  R TRANSMISSING Ites Postal Service	June 16, 2  ON  with sufficient postage as	2006 frst class mail in an	
Signature  I hereby certify that this co envelope addressed to: Ma	Scott D. Sanford  CERTIFICATE OF MAILING OF	Registration Date  R TRANSMISSING Ites Postal Service	June 16, 2  ON  with sufficient postage as	2006 frst class mail in an	
I hereby certify that this co envelope addressed to: Ma U.S. Patent and Trademar Name (PrintlType) Signature	Scott D. Sanford  CERTIFICATE OF MAILING OF THE STANDARD OF TH	Registration Date  PR TRANSMISSINATES Postal Service 450, Alexandria, V.	June 16, 2  ON  with sufficient postage as A 22313-1450 or facsimile  June 16, 2006	frst class mail in an a transmitted to the	

Repln. Ref: 06/20/2006 RFEKADU1 0011265900

Name/Number:09496009

Box RCE, Washington, DC 20231.